

# Merchant Services Pre-Application

Business Legal Name: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Requested Service Start Date: \_\_\_\_\_ Is this date flexible? Yes No  
 Products/Services Sold: \_\_\_\_\_  
 Fed Tax ID: \_\_\_\_\_ Fed ID Month / Year Started: \_\_\_\_\_  
 Tax Filing Type? \_\_\_\_\_ (Sole Proprietor, Partnership, Corporation – Public or Private)  
 Tax Exempt Organization? ☐ Yes ☐ No Number of Employees? \_\_\_\_\_  
 Total Gross Annual Sales: \_\_\_\_\_ Estimated Annual Credit Card Sales: \_\_\_\_\_  
 Estimated Average \$\$ Credit Card Individual Sale Amount: \_\_\_\_\_  
 Estimated Highest \$\$ Credit Card Individual Sale Amount: \_\_\_\_\_

**Signor (Must be officer or controller of private Corp., member LLC, or individual only of sole proprietorship):**

Signor/Owner Name: \_\_\_\_\_  
 Signor Title: \_\_\_\_\_  
 Signor Percentage ownership in company: \_\_\_\_\_% Signor Social Security #: \_\_\_\_\_  
 Signor Date of Birth: \_\_\_\_\_ Signor Home Phone: \_\_\_\_\_  
 Signor Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Deposit Bank Name (checking only):**

Bank Name: \_\_\_\_\_  
 Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
 Bank Phone: \_\_\_\_\_

**Products and Services**

Please check products and services below that you think would help grow your business.

PIN debit/contactless/EMV payment	Gift Card Program
Check guaranty services	Free Supplies/equipment warranty program
eCommerce	Point of Sale system
Cash Advance against future receivables	TransArmor to secure card payment data at point of sale
Mobile/Wireless payment acceptance	

Please email this completed form to Christie Oliver at [christie.oliver@Fiserv.com](mailto:christie.oliver@Fiserv.com)